U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P U 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penallies as provided by 29 U S C 439 or 440

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	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-6523	2. Fiscal Year Covered From:	
	1 /1.1.04. Through: 12:/31/04	
3. Name and address of person filing Name Cordon Cutright PO Box, Bidg Room No if any	4. Name, file number, and address of labor organization. Name Brotherhood of Locomotive Engineers and Trainman Loca/#458 Labor Organization File Number 517 - 988 P.O. Box, Bullding and Room Number, if any	
Street 1019 Sherman St City Joliet Stale 1614 Stale 160433	Street 1370 Ontario St. City Cleveland State O.hio : ZIP Code +4 44/13-1702	
5 Position in labor organization. Local Chairman		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest. Transaction, or Income.			
Name				
Trade Name, if any:	· ·			
P.O. Box. Bldg., Room No., if any	·			
Street	7.b. Amount			
City				
State				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatury and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Dordon Culright	On 8/5/01	(8/5) 341 3261			

Name of Person Filling Gordon Cutright	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seaking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8 Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	e. Labor Organization				
Trade Name, if any:	b. Trust				
P.O. Box, Bidg., Room No , if any	c Employer				
Street · City					
State ZIP Code + 4 .					
10. If 9 b or 9 c. is checked give trust or employer's name	11.a. Nature of such dealing.				
Name :					
Trade Name. if any:					
P O Box, Bldg , Room No., if any	: ·				
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
Stale ZIP Code + 4					
	12 h Amarit				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and D above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13 s Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a. Nature of payment				
Name					
Trade Name, if ony:					
P.O. Box, Bldg., Room No., if any					
Stroet	•				
City					
State ZIP Code + 4					
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.				